



Community Information			
County/City/Town		Population	
Primary Point of Contact		Secondary Point of Contact	
Name		Name	
Office		Office	
Title		Title	
Mailing Address		Mailing Address	
City		City	
State; ZIP		State; ZIP	
Phone		Phone	
e-mail		e-mail	
Guideline 1: Communications			
Location of 24-Hour Warning Point		Location of Emergency Operations Center	
<u>Verification Team General Notes:</u>			
<u>Renewal Comments:</u>			
		Date:	Initials:
Note: Please do not write in shaded areas.			



Guideline 2: NWS Information Reception Equipment							
Warning Point	# Required	# Verif	Verif	EOC	# Required	# Verif	Verif
<input type="checkbox"/> NOAA Weather Radio (required if in range)			<input type="checkbox"/>	<input type="checkbox"/> NOAA Weather Radio (required if in range)			<input type="checkbox"/>
<input type="checkbox"/> NOAA Weather Wire (subscription)			<input type="checkbox"/>	<input type="checkbox"/> NOAA Weather Wire (subscription)			<input type="checkbox"/>
<input type="checkbox"/> EMWIN			<input type="checkbox"/>	<input type="checkbox"/> EMWIN			<input type="checkbox"/>
<input type="checkbox"/> Law Enforcement Teletype (LETS)			<input type="checkbox"/>	<input type="checkbox"/> Law Enforcement Teletype (LETS)			<input type="checkbox"/>
<input type="checkbox"/> Amateur Radio			<input type="checkbox"/>	<input type="checkbox"/> Amateur Radio			<input type="checkbox"/>
<input type="checkbox"/> Pagers* (warning reception)			<input type="checkbox"/>	<input type="checkbox"/> Pagers* (warning reception)			<input type="checkbox"/>
<input type="checkbox"/> Television (Local network or Cable TV)			<input type="checkbox"/>	<input type="checkbox"/> Television (Local network or Cable TV)			<input type="checkbox"/>
<input type="checkbox"/> Radio Station (AM/FM) - EAS Reception			<input type="checkbox"/>	<input type="checkbox"/> Radio Station (AM/FM) - EAS Reception			<input type="checkbox"/>
<input type="checkbox"/> NAWAS			<input type="checkbox"/>	<input type="checkbox"/> NAWAS			<input type="checkbox"/>
<input type="checkbox"/> Internet (subscription for alerts)_____			<input type="checkbox"/>	<input type="checkbox"/> Internet (subscription for alerts)_____			<input type="checkbox"/>
<input type="checkbox"/> Commercial Data Service_____			<input type="checkbox"/>	<input type="checkbox"/> Commercial Data Service_____			<input type="checkbox"/>
<input type="checkbox"/> Other*_____			<input type="checkbox"/>	<input type="checkbox"/> Other*_____			<input type="checkbox"/>
<input type="checkbox"/> Other*_____			<input type="checkbox"/>	<input type="checkbox"/> Other*_____			<input type="checkbox"/>
<i>List any additional capabilities on a separate sheet</i>							
<u>*Capabilities needing explanation:</u>							
<u>Verification Team Notes:</u>							
<u>Renewal Comments:</u>							
						<u>Date:</u>	<u>Initials:</u>
<i>Note: Please do not write in shaded areas.</i>							



Guideline 4: Local Warning Dissemination			
Warning Point	# Required ____	# Verif ____	Verified
<input type="checkbox"/> Outdoor Warning Siren(s)			<input type="checkbox"/>
<input type="checkbox"/> Cable TV Override			<input type="checkbox"/>
<input type="checkbox"/> Plan for Sirens on Emergency Vehicles			<input type="checkbox"/>
<input type="checkbox"/> Telephone Tree to Critical Facilities			<input type="checkbox"/>
<input type="checkbox"/> Local Alert Broadcast System*			<input type="checkbox"/>
<input type="checkbox"/> Local Pager System* (dissemination)			<input type="checkbox"/>
<input type="checkbox"/> Coordinated Area-Wide Radio Network*			<input type="checkbox"/>
<input type="checkbox"/> Local Flood Warning System*			<input type="checkbox"/>
<input type="checkbox"/> Other* _____			<input type="checkbox"/>
<input type="checkbox"/> Other* _____			<input type="checkbox"/>

List any additional capabilities on a separate sheet

*Capabilities needing explanation:

Verification Team Notes:

Renewal Comments:

Date: _____ Initials: _____

Note: Please do not write in shaded areas.



Local Government-Owned Buildings in Which Public Traffic is Common				
Office	Location or Address	Tone Alert NOAA Weather Radio	Verif	Comments
Warning Point		<input type="checkbox"/>	<input type="checkbox"/>	
EOC		<input type="checkbox"/>	<input type="checkbox"/>	
City Hall		<input type="checkbox"/>	<input type="checkbox"/>	
School Superintendent		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
<u>Verification Team Notes:</u>				
<u>Renewal Comments:</u>				
			<u>Date:</u>	<u>Initials:</u>
<i>Note: Please do not write in shaded areas.</i>				



Guideline 5: Community Preparedness

Annual Safety Talks				# Required _____	# Verif _____
	Date	Topic	Location	Speaker	
1					
2					
3					
4					
5					

List any additional safety talks on a separate sheet

Weather Radio Purchase Program

Has your community/county developed a program to subsidize the purchase of Specific Area Message Encoder (SAME) equipped Weather Radios for its citizens? (Not required) Yes _____ No _____

If yes, provide details:

Other Community Preparedness Activities				
	Date	Activity	Location	Organizer
1				
2				
3				
4				
5				

List any additional activities on a separate sheet

Renewal Comments:

	<u>Date:</u>	<u>Initials:</u>
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Note: Please do not write in shaded areas.



Guideline 6: Administrative Tools/Record keeping			Verif	Renewal Year
Formal Hazardous Weather Operations Plan	<input type="checkbox"/> Yes		<input type="checkbox"/>	<input type="checkbox"/> Yes
▶ Procedure for reporting storm damage to the local National Weather Service Office in real-time	<input type="checkbox"/> Yes		<input type="checkbox"/>	<input type="checkbox"/> Yes
▶ EOC Activation Procedures	<input type="checkbox"/> Yes		<input type="checkbox"/>	<input type="checkbox"/> Yes
▶ Spotter Activation Criteria	<input type="checkbox"/> Yes		<input type="checkbox"/>	<input type="checkbox"/> Yes
▶ Local Warning System(s) Activation Criteria	<input type="checkbox"/> Yes		<input type="checkbox"/>	<input type="checkbox"/> Yes
Warning Point personnel has authority to activate Warning System (written)	<input type="checkbox"/> Yes		<input type="checkbox"/>	<input type="checkbox"/> Yes
Spotter Roster and Training Record	<input type="checkbox"/> Yes		<input type="checkbox"/>	<input type="checkbox"/> Yes
Last Visit by Emergency Manager to NWS Office			<input type="checkbox"/> Biennial	
Last Visit by NWS Officials to Community			<input type="checkbox"/> Annual	
Last NWS Spotter Training for Spotters and Dispatchers			<input type="checkbox"/> Biennial	
Last NWS Spotter Training Hosted/Co-Hosted (For populations >40,000)			<input type="checkbox"/> Annual	
Exercises	Topic(s):	Date:	<input type="checkbox"/>	Date:
List any additional descriptions, narratives, or documentation on a separate sheet				
Verification Team Notes:				
Renewal Comments:				
			Date:	Initials:
Signature of Applying Official				
Application Submitted by: (print name):				
Office:			Title:	
Signature:			Date:	
NWS Personnel Receiving Application (print name):				
Date Received:				
Note: Please do not write in shaded areas.				



Site Verification Team Signatures

Print Name:

Office:

Title:

Signature:

Date:

Print Name:

Office:

Title:

Signature:

Date:

Print Name:

Office:

Title:

Signature:

Date:

Print Name:

Office:

Title:

Signature:

Date:

Signature in Renewal Year

Application Submitted by: (print name):

Office:

Title:

Signature:

Date:

NWS Personnel Receiving Application (print name):

Date Received: